



Matthew Dunlap
Secretary of State

Department of
the Secretary of State
Bureau of Motor Vehicles

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Deputy Secretary of State

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Director of Vehicle Services

STATE OF MAINE
APPLICATION FOR TRAILER TRANSIT LICENSE
Reference Title 29-A Section 462-8

Federal ID Number: _____
DOT Number _____

I (we) (**Please Print**) _____ (**DOB**) _____ with a place of business
at _____, _____
(Give trade name if one is used) (Street Address)
_____, _____, _____
(City) (State) (Zip)

List any other locations where business will be conducted under the same license:

Check if: _____ Individual _____ Partnership _____ Corporation
If Corporation, give State of incorporation: _____

List names (**Please Print**) and address (PO Box not acceptable) of each partner or officer of the corporation:

(DOB)
(DOB)
(DOB)

I (we) hereby make application for a Trailer Transit License and affirm that I (we) have received a copy of the Rules issued by the Secretary of State, Bureau of Motor Vehicles. I (we) understand the Rules provided, and I (we) are able to comply with all applicable laws and rules.

(Authorized Signature)

(Date)

(Title)

(Telephone Number)

**Please attach
insurance
application or
application.**

Number of Plates	x \$20.00	=	\$
Licensing Fee			\$ 150.00
Total Fees			\$

**verification of
(insurance card,
binder) to this**

Motor Vehicle Use Only

Plate # _____ # of Plates: _____